

Wednesday, April 16, 2025



SOUTH ATLANTIC PRO SERIES

2025 DRIVER REGISTRATION | VALID FOR ALL EVENTS ON THE
2025 SAPS TOUR SCHEDULE

Driver Information

First Name

Last Name

Social Security Number

Gender

Driver Address

City

State

Zip

Birth Date

Driver Age

Driver Weight

Driver Height

Hometown

If Driver is Under 18, Please Provide Parent or Legal Guardian Information

COMPLETE THIS SECTION ONLY IF UNDER 18 YRS OF AGE

Parent/Legal Guardian

Relationship

Primary Phone

Additional Phone

Secondary Parent /Legal Guardian

Relationship

Primary Phone

Additional Phone

Emergency Contact

Emergency Contact Name

Emergency Number

Additional Emergency Number

Relationship

Emergency Contact Address

Team/Organization TEAM NAME

TEAM OWNER

TEAM OWNER PHONE

Email Confirmation

LISTED EMAIL WILL BE ADDED TO COMPETITOR DATABASE

Email for Competitor Database

Driver's Email

Driver Medical Information

PLEASE COMPLETE TO THE BEST OF YOUR ABILITY

Have you ever experienced a concussion?

Cite year of concussion

Are you allergic to any medications?

If yes, please list

Have you been informed by your doctor that you have Asthma?

Do you wear dental appliances?

Do you wear contact lenses?

Have you ever had an epileptic seizure or been diagnosed with Epilepsy?

List any medical conditions the series/on site medical needs to be informed of

List all medications Driver takes, both prescribed and over the counter.

List any allergies (ex: bees,peanuts, dairy)

Driver Photo Release

I, Driver, agree that photos of me can be taken and used for promotional purposes on SAPS social media/website.

I, Driver Legal Guardian, agree that photos of my child can be taken and used for promotional purposes on SAPS social media/website.

DRIVER LICENSES FEE \$100

Registration Fee Due (click link for payment)

https://swipesimple.com/links/lnk_8ee707d6f52a4fe79fcf731caadb81a

- **Be certain to enter your email address** correctly on the registration form to receive confirmation via email.

By submitting and providing your signature, you agree that you are the Driver over the age of 18, or Drivers parent or legal guardian of the above named Driver. In case of medical emergency or general medical care, I give consent for medical treatment for the above named Driver by authorized medical personnel. Driver or legal guardian agrees to comply with all rules set forth by the South Atlantic Pro Series, including the series rulebook.

Driver Electronic signature, please sign

Signature

**Driver (if under 18) Parent or Legal Guardian
Electronic signature, please sign**

Signature

By typing your name, this will act as a legal signature. And that you agree to all terms and conditions.